



ucREW

Utah Cancer Resource and Education for Women

Needs *beyond* Medicine



Utah Cancer Resource and Education for Women

<http://www.ucrew.org>

UTAH CANCER RESOURCE AND EDUCATION FOR WOMEN MISSION STATEMENT

Utah Cancer Resource and Education for Women (UCREW) is a group of caring Utahans who are interested in decreasing the burden of breast and cervical cancer by increasing awareness, education, and access to screening, treatment, and support for breast and cervical cancer. The members of UCREW are united in an effort to offer assistance to enhance the quality of life for those diagnosed with breast and cervical cancer through emotional, physical, and financial support.

NEEDS BEYOND MEDICINE: PROJECT GOAL

The Needs Beyond Medicine's goal is to offer assistance to enhance the quality of life for those diagnosed with breast cancer. The Needs Beyond Medicine project will provide financial assistance to women or men who are diagnosed with breast cancer, and because of the high cost of treatment, the women/men and/or their families are faced with temporary financial difficulties.

NEEDS BEYOND MEDICINE: PROJECT GUIDELINES

All other financial options must be exhausted before applying for the Needs Beyond Medicine funding. Funding is used for the needs that cannot be met through an individual's insurance or other resources available within their community.

- Maximum gift is \$250.00 per individual/household
- Individuals may only apply once per calendar year
- UCREW will evaluate all applications each month
- The number of awards may vary depending on available fund.

This program was initiated as a result of a grant from the Salt Lake Affiliate of the Susan G. Komen Foundation and a generous contribution from Ichiban Sushi.

Utah Cancer Resource and Education for Women

Dedicated to Reducing the Effects of Breast and Cervical Cancer in our Community.

Needs Beyond Medicine Application

Applicant Information:

Name _____ Evening Phone _____ Daytime Phone _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____

Best way and time to contact you: _____

Date diagnosed with breast cancer: _____

Name of cancer doctor: _____

Have you been through treatment? _____ YES _____ NO

Are you currently in treatment? _____ YES _____ NO

Date treatment started? _____

Where are you receiving treatment? _____

Amount Needed: _____

Please explain what the money will be used for: _____

What other resources have you tried? _____

How did you hear about Needs Beyond Medicine?

Person and/or Health Care Office _____ Phone _____

Address _____ City _____ State _____ Zip _____

Information filled out on this application will be kept confidential and will only be used by UCREW to help determine whether a gift will be awarded. If an award is made, additional information may be needed. To submit application mail to: UCREW, PO Box 521618 SLC UT 84152-1618

Office Use Only

Date Received _____ Approved _____ Applicant Contacted _____

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Needs Beyond Medicine Additional Information

Applicant Information:

Name _____ Evening Phone _____ Daytime Phone _____
Address _____ City _____ State _____ Zip _____

Race/Ethnicity:

____ African American ____ Asian ____ Native American/Alaskan Native
____ Pacific Islander ____ Caucasian ____ Hispanic
____ Other

Number of people in household? _____

Yearly Family Income:

____ Less than 10,000 ____ 10,000-14,900 ____ 15,000-24,900 ____ 25,000 – 34,900
____ 35,000 – 44,900 ____ 45,000 – 54,900 ____ 55,000 –64,900 ____ More than 65,000

Do you have insurance? ____ Yes ____ No

If yes, what insurance company? _____

**Information filled out on this application will be kept confidential and will only be used
by UCREW for reporting purposes.**